PTO/SS/06 (12-04)
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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-575 | | | | | | | | | | | ^9 | 107562548 | | |
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| APPLICATION AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMALI | . ENTITY | OR | OTHER THAN SMALL ENTITY | | |
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| (X7 CFR 1.16(1), (I), or (IVI) EXAMPLATION FEE | | | <u> </u> | | | | | 1 | | | j | L | 200 | |
| (37 CFR 1.16(d), (p), or (q)) | | | | | | | | | | | 1 | | 400 | |
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| (37 CFR 1.16(N)) · | | | C mnus - | | | landan. | | 4 | x - | | 4 | *900- | | |
| APPLICATION SIZE FEE (JI CFR 1.16(n)) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(a). | | | | | | | | | | | | | | |
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| MULTIPLE DEPENDENT CLAIN PRESENT (ST CFR 1.16(I)) | | | | | | | | | | | J | 005 | | |
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| APPLICATION AS AMENDED - PART II | | | | | | | | | | | | | | |
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| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) | | | | | | | | | | OR | 360 | | |
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| 1 | 7-27-07 (Column 1) (Column 2) (Column 3) | | | | | | | | | L | OR | ADO'L FEE | | |
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| 뾝 | Application Size Fee (37 CFR 1.18(a)) | | | | | | | ŀ | | | OR | × • | | |
| ۲ | FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.150) | | | | | | | | | | | | | |
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO is process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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